



RECEIPT OF PAYMENT

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|--------------------------|---|
| Receipt Number: | 2025101004 |
| Receipt Date: | 09/10/2025 |
| Date Paid: | 09/10/2025 |
| Payment Method: | Credit Card, |
| Check Number: | , |
| Transaction Information: | |
| Full Amount: | \$50.00 |
| Amount Tendered | \$50.00 |
| Paid By: | Abby Graf, Address:4002 S Rogers St, Phone:(816) 810-3009 |

Fees:

| Fee Description | Reference / Application Number | Amount Paid |
|------------------|--------------------------------|-------------|
| Business License | LC81250665 | \$50.00 |
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